

NOTICE OF PRODUCER APPOINTMENT CANCELLATION (Multiple Producers)

Mail to: Alabama Department of Insurance
P. O. Box 303351
Montgomery, Alabama 36130-3351

Company NAIC # _____

Company Name _____

Insurers may terminate a producer's appointment at any time, subject to the producer's contract rights, if any. An insurer may give notice of the cancellation of as many as 10 different producers on this form. This notice must be filed within 30 days following the effective date of the termination. If the cause for the termination is for any reason indicated with an asterisk (*) the insurer must file with the commissioner a statement of the facts relative to the termination and the cause thereof, together with any documentation thereof. This information should be marked "Confidential" and will **NOT** be subject to public inspection pursuant to Sections 27-7-30 and 27-7-30.3, Code of Alabama 1975.

- Please indicate the social security number, name and license number for each producer for whom the company is giving notice of appointment cancellation.
- Please indicate the reason for the termination using the code numbers indicated above.
- Please complete and return form to the address above within 30 days of termination of the producer(s) appointment with this company.

Termination Reason Codes

01	Voluntary Termination, by producer request
02	Inadequate or Lack of Production
03	Cancelled by General Agent *
04	Death
05	Company Defunct or Liquidation
06	Company Indebtedness *
07	Poor Policyholder Service *
08	Untrue Information on application *
09	Violation of Insurance laws *
10	Conviction of a felony *
11	Unfair trade practices or fraud *
12	Fraudulent, coercive or dishonest practices *
13	Forged Documents *
14	Failure to take care of child support *
15	Altering policies *
16	Misappropriation of premium *
17	Insurance license suspended, revoked or denied in another state *
18	Other (any reason not included in 1 through 17; specify on separate sheet of paper *)

SOCIAL SECURITY #	NAME – LAST, JR/SR, FIRST, MIDDLE	ALABAMA PRODUCER LIC #	CODE #

Original Signature of
Authorized Company Official

_____/_____/_____
Date

Type or print name of authorized company official

Address

(_____)_____
Phone

City/State/Zip

(_____)_____
FAX